

- If the organization name does not match the name on the 501(c)(3) letter, is known by another name or you would like contributions directed to a specific program within your organization, please complete this section by placing a check mark in the appropriate box.
- If your organization is commonly known (or “a.k.a.”) by another name, but has not legally changed the name, please indicate “a.k.a.” by checking the appropriate box.
- Organization name changes **REQUIRE** that supporting documentation, i.e., fictitious business name statement, articles of amendment, etc., be submitted with your application.

**C. MAILING INFORMATION**

- All applicants are required to provide a physical address; including organizations that request the address not be released.
- All Victim Compensation and Government Claims Board correspondence will be mailed directly to the PCFDs.

**D. CONTACT INFORMATION**

- Self-explanatory. Information provided may appear in the brochure and website.

**E. AFFILIATE INFORMATION**

- Provide the number of affiliate applications included with your PCFD application.
  - Carefully check each attached affiliate application to ensure that it is complete and accurate.
  - All applications should be presented to the VCGCB in alphabetical order.

**F. DESCRIPTION OF ACTIVITIES**

- Provide a 25-word description of your organization's activities. This statement may be included in the Donor Resource Guide provided to State Employees. Do not include your phone number, email or web address. Statements with more than 25 words will be edited by the VCGCB staff.

**G. AREAS OF SOLICITATION**

- Place an "x" or checkmark in the box next to the counties in which you wish to solicit donations. If your organization solicits statewide, please indicate "statewide" only.

**H. FEES AND EXPENSES**

- Specify the proposed fee, as a percentage of contributions received, to be charged to affiliates and nonaffiliated beneficiaries (non-affiliates) for reimbursement of PCFD fund-raising and administrative expenses: (Note: Organizations submitting fees in excess of 18% must submit an explanation justifying the need for a higher percentage.)
  - Simple formula for obtaining your percentage: From your I.R.S. 990 form: add line 14 and 15, then divide by line 12.
- Provide the total dollars raised for the previous California State Employees Charitable Campaign.
- Provide the total dollars raised for the previous Fiscal Year, including the State Campaign.

**CONDITIONS FOR APPROVAL**

After carefully reading this section, sign and date the application. Print or type the name of the Authorized Officer and his/her title. An "Authorized Officer" may be anyone in your organization with the delegated authority to sign on behalf of the organization. **Stamped, faxed or copies of signatures will not be accepted.**

